

Babies - Safe Sleeping in NSW Health Maternity Facilities

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Summary The Policy Directive Safe Sleeping for Babies in NSW Health Maternity Facilities assists staff to identify and address risk factors for bed sharing, provides information about the promotion of safe sleeping practices and provides guidance to health professionals in maternity units about how to provide a safe sleeping environment for babies. The recommendations of this Policy Directive relates to all well babies in maternity units including postnatal wards, birthing units and well babies in special care nurseries but does not include unwell babies in special care nurseries and neonatal intensive care units.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Public Hospitals

Distributed to Public Health System, Divisions of General Practice, NSW Department of Health, Public Hospitals, Private Hospitals and Day Procedure Centres

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This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

Babies - Safe Sleeping in NSW Health Maternity Facilities

BACKGROUND

NSW Health has developed the Policy Directive *Babies - Safe Sleeping in NSW Health Maternity Facilities* to assist staff to identify and address risk factors for bed sharing and promote safe sleeping practices for babies.

This Policy Directive should be implemented in all NSW Health facilities.

The information and recommendations of this Policy Directive relates to situations where mothers and babies are accommodated together. As such the policy applies to all well babies in maternity units including postnatal wards, birthing units and well babies in special care nurseries.

The Policy Directive is relevant to all staff providing clinical care to mothers and babies in the above stated environment.

The NSW Health Guideline GL2005_063 *Sudden Infant Death Syndrome (SIDS) and safe sleeping for infants* provides information on the risks associated with SIDS and includes information on safe sleeping practices. **The recommendations of GL2005_063 remain current** and should be read in conjunction with this policy directive.

This Policy Directive provides further guidance to health professionals in maternity units on how to provide a safe sleeping environment for babies in these areas.

For the purpose of this circular the following **definitions** apply:

- Bed sharing is when a baby is brought into an adult bed for feeding or settling without the intention of sleeping;
- Co sleeping is where a mother/parent and baby sleep together in bed.

Objectives of this circular are:

- To ensure the safest possible environment for mothers and babies in maternity facilities;
- To ensure that health professionals in postnatal and birthing areas, practice and promote safe sleeping positions including **positioning babies on their backs (supine) from birth**;
- That parents are strongly encouraged to maintain these practices when they return home;
- To provide staff with information to enable them to support and provide guidance to parents to allow them to make a fully informed choice;
- To reduce the risks associated with bed sharing where it is contraindicated;
- To be sensitive to the emotional and physical needs of the baby and mother.

SAFE SLEEPING POSITIONS

There is strong evidence that sleeping on the back reduces the risk of SIDS. Despite this knowledge, in a number of sudden unexpected infant deaths in recent years the infants have been found prone. Health professionals are in a strong position to educate, promote and influence safe sleeping practices to parents. As such **all staff** should adhere to NSW Health policy and place babies in birthing and postnatal areas and well babies in special care nurseries on their back to sleep from birth.

The safest place for a baby to sleep in the first six months of life is in the same room as their parents in a cot/bassinet next to the parents' bed. This includes postnatal and birthing units unless medically contraindicated. To ensure a safe sleeping cot environment for babies the following should be provided:

- A safe position – babies are placed on their back to sleep from birth;
- A safe cot – that meets Australian Standards;
- A safe mattress – that is firm, clean and is the right size for the cot eliminating any gaps that a baby may get trapped in;
- Safe bedding – ensure the baby's face is uncovered and bedding is tucked in securely. Ensure that quilts, doonas, duvets, pillows and cot bumpers are not in the cot.

For many parents it is common practice for babies to share an adult bed at times during the first year of their life particularly to breastfeed and to be settled. Parents should be provided with the following information to help them to provide a safe sleeping environment should they choose to take their babies into bed with them.

Bed sharing and co-sleeping by taking a baby into an adult bed may be unsafe in certain circumstance and should be avoided:

- Where parents are smokers;
- Where baby can get caught under adult bedding or pillows;
- Where the baby can be trapped between the wall and the bed or can fall out of bed;
- Where the baby may be rolled on by someone who sleeps very deeply or who is affected by drugs or alcohol;
- Where babies are in adult beds alone;
- Where the baby is placed to sleep on a sofa, beanbag or sagging mattress.

Further written information for parents on reducing SIDS and sleeping your baby safely can be found at <http://www.sidsandkids.org> or by contacting SIDS and KIDS on telephone number 1300 308 307.

SAFE SLEEPING PRACTICES FOR BABIES IN MATERNITY FACILITIES

NSW Health promotes the early establishment of breastfeeding, and strategies which assist the development of healthy maternal/infant attachment. It is recognised that for many women this will include breastfeeding and settling their baby in their bed.

It is the responsibility of all maternity facilities to establish protocols and controls to facilitate a safe environment for bed sharing, and that safe sleeping practices/positions for babies **are maintained by staff** and promoted to parents.

The following process to assess potential risks and identify appropriate interventions should be considered to provide a safe environment and minimise accidents for bed sharing.

RISK ASSESSMENT

An assessment should be made by staff prior to a mother and baby sharing a bed for the purpose of feeding and/or settling even when there is no intention of co sleeping taking place. This assessment will identify the appropriateness and level of supervision required for the baby to be in the bed with their mother. Interventions to promote a safe environment should be implemented by staff.

A varying level of supervision and frequency of checks will be required based on individual risk assessment whilst all babies are in bed with their mothers. Frequency of supervision will vary from constant, frequent or intermittent checks.

The risk assessment should consider the following factors:

1. Mother's clinical condition;
2. Other contraindications;
3. The safety of the physical environment.

1. Mother's clinical condition

There are a number of maternal conditions which are known to create an increased risk for infants who bed share as it reduces the mother's ability to respond to her baby or increases the chance of her falling asleep including:

- Mother is sedated, under the effects of a general anaesthetic;
- Mother is immobile due to spinal/epidural anaesthetic;
- Mother is a known substance user;
- Mother is extraordinarily or unusually tired;
- Mother has consumed alcohol;
- Mother has a condition/conditions or illness that may affect their normal ability to respond or alter their consciousness, such as epilepsy, unstable diabetes, pyrexia, severe blood loss;
- Mother is very obese (an assessment is required to assess individual mobility and space available in the bed).

It is not advisable that any mothers with the above conditions co-sleep with their babies. An appropriate level of supervision is required for these mothers whilst bed sharing and until babies are returned to their cots.

All mothers in postnatal wards who are given medication of a sedative nature should be reminded verbally by midwifery/nursing staff that once the sedative is taken neither co-sleeping nor bed sharing is appropriate. In the event that a baby requires breastfeeding whilst the mother is sedated a constant level of supervision is required. In the event that this level of supervision is unable to be provided alternative arrangements to bed sharing is required.

2. Other contraindications

- Mothers who smoke;
- Babies who are premature or unwell.

Co sleeping is contraindicated in this situation. For bed sharing an appropriate level of supervision will be required until babies are returned to their cots to sleep.

3. Ensure the safety of the physical environment

Staff should undertake a risk assessment to ensure the safety of the physical environment when a baby is bedsharing in the maternity unit:

- Make sure bed linen, including pillows, cannot cover the baby's head;
- Make sure baby is not able to slip under bedding;
- Reduce risk of over heating by not wrapping baby whilst in bed;
- Assess the risk of the baby falling out of the mother's bed.

Staff should implement the following interventions to provide a safe physical environment:

- Lowering the mother's bed as much as possible and raise the bed rails;
- Ensure there are no gaps between the mattress and bed rail that would allow baby to fall through or be entrapped;
- Ensure the baby is placed on its back to settle/sleep in the cot after breastfeeding is completed;
- Ensure the mother is aware of the location of and can easily reach the call buzzer and is aware of the emergency call procedure.

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